



2697

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application No.	09/412,792
Filing Date	October 5, 1999
First Named Inventor	Jay H. Connelly
Group Art Unit	2697
Examiner Name	Matthew R. Demicco
Total Number of Pages in This Submission	42390P7404

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Gregory D. Caldwell, Reg. No. 39,926 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	September 5, 2003

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Signature	
Date	September 5, 2003

Based on PTO/SB/21 (03-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 08/11/2003.
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EE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

(1) 0.00 Attorney Docket No. 4259017404

METHOD OF PAYMENT (*check all that apply*)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> None
<input type="checkbox"/> Deposit Account				

**Deposit
Account
Number** 02-2666

Deposit
Account
Name Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

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FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity			Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>	
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

2. EXTRA CLAIM FEES

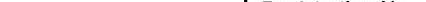
	Total Claims	Extra Claims	Fees from below	Fee Paid
Independent Claims	<input type="text"/>	$20^* =$ <input type="text"/> 0	\times <input type="text"/> 18.00	$=$ <input type="text"/> \$0.00
Multiple Dependent	<input type="text"/>	$3^* =$ <input type="text"/> 0	\times <input type="text"/> 84.00	$=$ <input type="text"/> \$0.00
				$=$ <input type="text"/>

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple Dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

For number previously paid, if greater. For Reissues, see below.

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Gregory D. Caldwell	Registration No. (Attorney/Agent)	39,926	Telephone	(503) 684-6200
Signature				Date	09/05/03

Based on PTO/SB/17 (08-03) as modified by Blakely, Solokoff, Taylor & Zafman (wlr) 08/11/2003.
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